

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N970000002742

1. Entity Name

Tampa Knights Futbol Club, Inc.

FILED

00 NOV 07 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3106 Oaklyn Ave.
Tampa, FL 33609

Same

2. Principal Place of Business

3. Mailing Address

3106 Oaklyn Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33609

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gary Crayton III
3106 Oaklyn Ave
Tampa, FL 33609

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/00

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Gary Crayton III 3106 Oaklyn Ave Tampa, FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Frank Sienkiewicz 1623 Bent Pine Way Brandon, FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pam Menendez 429 South Royal Poinciana Drive Tampa, FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Tammy Roehn 4422 Culbreath Ave Tampa, FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Briggs - Director 493 Bosporus Ave Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Bayne - Director 3003 W. San Jose Tampa, FL 33629	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003483570--2 -12/04/00--01002--009 ****236.25 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Tammy Roehn Tammy Roehn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date

813-287-0883

Daytime Phone #

CR2E037 (9/99)